

INSTRUCTIONS FOR COMPLETING JUVENILE INDIGENT DEFENSE FEE CLAIM FORM

Type only in the spaces provided on the form.

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1. **County** Enter the name of the county in which the appointment originated.
 2. **Court Number** Enter the case number.
 3. **Order to Exceed** Indicate whether an order authorizing the attorney to exceed the fee limitations is attached to this claim.
 4. **Client First Name** Enter client's first name.
 5. **Client Last Name** Enter client's last name.
 6. **Case Name** Enter the last name of the child in interest in the case.
 7. **Date of Appointment** Enter the effective date of the court appointment. Include a copy of the Appointing Order directly behind the claim form.
 8. **Representing** Indicate whether you represented a "juvenile," "parent" or "other." If "other," explain.
 9. **Date of Service** In a juvenile case, the date of service is generally the date of filing of an order as a result of the dispositional hearing or most recent review hearing, the date of the attorney's withdrawal from a case that was not dismissed, the date jurisdiction is waived to adult court, the date on which venue is changed, date the case is closed or the date of dismissal. Code requires that claims be submitted within 45 days of the date of service.
 10. **Represented Client in Juvenile Court for** Check the appropriate box indicating the type of case. Commitment includes both mental health and substance abuse commitments. Judicial bypass refers to proceedings under Iowa Code chapter 135L.
 11. **Iowa Code Section(s) In delinquency cases only**, list the most serious offense charged against the juvenile.
 12. **Claim Summary** Provide the information on lines 13 through 22.
 13. **Out-of-Court Hours** Enter the total hours, as shown on the itemization, claimed as out-of-court hours. Indicate hours in tenths. Do not include time spent preparing the fee claim
 14. **In-Court Hours** Enter the total hours, as shown on the itemization, claimed as in-court hours. Indicate hours in tenths.
 15. **Total Attorney Hours** Combine lines 13 and 14.
 16. **Rate** Enter hourly rate for total attorney hours and multiply line 15 by the rate and enter the total.
 17. **Paralegal Hours** Enter the total hours, as shown on the itemization, claimed as paralegal hours.
 18. **Rate** Enter hourly rate for total paralegal hours and multiply line 17 by the rate and enter the total.
 19. **Hourly Fee Subtotal** Combine the extended amounts on lines 16 and 18 and enter the total.
 20. **Expenses** List separately amounts claimed for telephone, copies, mileage, meals/lodging, postage, and other appropriate out-of-pocket expenses.
 21. **Expense Total** Combine all expenses claimed.
 22. **Claim Total** Combine lines 19 and 21 and enter the total here.
 23. **Most Recent Hearing** Check the appropriate box to indicate the most recent hearing held in the case.
 24. **Billing Status** Indicate whether prior claims have been submitted in this case and, if so, the total amount billed previously.
 25. **Date** Indicate the date on which the claim was signed.
 26. **Signature** The attorney appointed to the case must sign the form. Type/print first name [including initial] and last name in boxes.
 27. **Make Payment to** Enter the name, address, telephone number, fax number, and Federal tax identification, or social security number in the appropriate boxes. If any of this information is different than prior claims, check "Change of Information." If you change your social security number or federal ID number changes you must submit a new substitute form W-9 to be paid.
 28. **Approved for Payment** - Leave Blank.
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Attachments Attached to the claim form should be the following, in this order: a copy of the order appointing counsel, any application and order to exceed fee limitations and any other court order that may affect the amount of the claim, one typed itemization detailing the dates, services provided and billable hours for each service, and receipts for out-of-pocket expenses paid. The itemization should separately delineate in-court time, out-of-court time, paralegal time, and all expenses claimed. The total hours claimed should be the same as on the front of the claim form. Staple the claim form and attachments together in the upper left corner.

For assistance contact the State Public Defender's Office at 515-242-6158 or e-mail to claims@spd.state.ia.us.